



Received & Inspected

JUN 29 2015

FCC Mail Room

GVNW CONSULTING, INC.

2270 LA MONTANA WAY (80918)
P.O. BOX 25969 (80936)
COLORADO SPRINGS, CO
TEL. 719.594.5800
FAX 719.594.5803
www.gvnw.com

June 25, 2015

REDACTED – FOR PUBLIC INSPECTION

VIA UPS and ECFS

Marlene H. Dortch, Secretary
Federal Communication Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, 14-58, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, and requesting Confidential treatment for financial information pursuant to sections 0.457 and 0.459 of the Commission's rules. Before the Federal Communications Commission. Form 481 – Carrier Annual Reporting Data Collection, 2015. WC 14-58, 11-42

Dear Ms. Dortch:

On behalf of New Florence Telephone Company ("New Florence"), GVNW Consulting, Inc. hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" information pursuant to sections 54.313 and 54.422 of the Commission's rules, as filed with the Universal Service Administrative Company. A copy is also being submitted to the Missouri Public Regulatory Commission.

New Florence requests confidential treatment under the Protective Order adopted in this proceeding for the section 54.313(f)(2) financial information included in this report on the grounds that it is competitively sensitive information that is secure from public access and this information should not be released publicly for inspection as it could be used to disadvantage or harm New Florence. In addition, New Florence is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission's rules for the Five-Year Build-Out Plan Progress Report and Map that is required by section 54.313(a)(1) to be attached to this report.

In accordance with the Protective Order, two redacted copies marked "REDACTED – FOR PUBLIC INSPECTION" and one non redacted confidential version marked "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION" are being filed with the Commission. A redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please contact me at jushio@gvnw.com or 719-594-5814.

Sincerely,

/s/ Judi Ushio

Judi Ushio
Midwest Division Manager

cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division
(two copies, confidential)

No. of Copies rec'd 0+1
List ABCDE

REDACTED – FOR PUBLIC INSPECTION

Received & Inspected

JUN 29 2015

FCC Mail Room

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ITS ENTIRETY

FCC Form 581 - Carrier Annual Reporting Data Collection Form	FCC Form 581 <small>OMB Control No. 3045-0046/2440 Control No. 3045-0046</small> <small>July 2013</small>
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<010> Study Area Code	421927		
<015> Study Area Name	NEW FLORENCE TEL. CO.	Received & Inspected	
<020> Program Year	2016		
<030> Contact Name: Person USAC should contact with questions about this data	Bruce Steed	JUN 29 2015	
<035> Contact Telephone Number: Number of the person identified in data line <030>	2085482345 ext.		
<039> Contact Email Address: Email of the person identified in data line <030>	bruceadirectcom.com	FCC Mail Room	

ANNUAL REPORTING FOR ALL CARRIERS		54.913 Completion Required	54.922 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 421927mo510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 421927mo610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 421927MO1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

NF Maps.docx, 421927m0112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How much (USF) was used to improve service quality and how support was used to improve service
<116>	How much (ISF) was used to improve service coverage and how support was used to improve service
<117>	How much (USF) was used to improve service capacity and how support was used to improve service
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421927
-------	-----------------	--------

<015>	Study Area Name	NEW FLORENCE TEL CO
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<020>	Program Year	2016
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<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
-------	---	-------------

<035> Contact Telephone Number - Number of person identified in data line <030> 2085482345 ext.

<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com
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[illegible]

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

005

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes
to confirm the status described on the attached document(s), on line 920,
demonstrates coordination with the Tribal government pursuant to

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Nnt

(1100) No Terrestrial Backhaul Reporting		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

Please confirm whether terrestrial backhaul options exist within the supported area

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 khns

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://missouricom.com/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to 65A 427(a)(2) annual reporting for ET's receiving low-income support carriers

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	
<015> Study Area Name	421927
<020> Program Year	NEW FLORENCE TEL CO
<030> Contact Name - Person USAC should contact regarding this data	2016
<035> Contact Telephone Number - Number of person identified in data line <030>	BRUCE STEED
<039> Contact Email Address - Email Address of person identified in data line <030>	2065462345 ext.
	bruce@dlrface.com, com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b))

Name of Attached Document(s) Listing Required

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s), on line contains the required pursuant to § 54.313 (a)(1)(viii) as a recipient of CAF Phase II support shall provide the number addresses of community anchor institutions to which began providing access to broadband service preceding calendar

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3080-0986/OMB Control No. 3050-0819 July 2013
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<010> Study Area Code	421927
<015> Study Area Name	NEW FLORENCE TBL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035> Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s) on line 3012 contains the required information § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to providing access in broadband service in the preceding calendar year which began

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ Yes ☒ No
 (Yes/No) ☒ Yes ☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2)

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ Yes ☐ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☒

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form:	PCC Form 481 OMB Control No. 3060-0936/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421927
<015> Study Area Name	NEW FLORENCE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035> Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421927
<015> Study Area Name	NEW FLORENCE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035> Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NEW FLORENCE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2015
Printed name of Authorized Officer: Garrin Bott	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 2085482345 ext.	
Study Area Code of Reporting Carrier: 421927	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0886 / OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421927
<015> Study Area Name	NEW FLORENCE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035> Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085402345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruceadirectcom.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015
14.0

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruceadirectcom.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421927
<015>	Study Area Name	NEW FLORENCE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com
<810>	Reporting Carrier	New Florence Telephone
<811>	Holding Company	Not Applicable
<812>	Operating Company	New Florence Telephone

[illegible]

New Florence Telephone Company

State: MISSOURI

Study Area: 421927

Five Year Service Quality Improvement Plan Progress Report





Montgomery City

Workgroup

New Florence

New Florence complies with the service standards of the state of Missouri as promulgated in Missouri regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations as been waived by the Missouri Public Service Commission). The Company is committed to providing the highest quality service to its customers.

Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R. § 54.422(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) New Florence Telephone meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to New Florence Telephone's central and/or remote office(s) by use of fixed generator and batteries that provide it with XX hours of emergency power service. In addition, New Florence Telephone's field electronics have 4-6 hours of back-up power by use of fixed/mobile generators and batteries. New Florence Telephone has no SONET technology in its network. New Florence Telephone has no redundant paths within its network to provide for the capability to reroute traffic. New Florence Telephone has equipped its remote offices/or field gear with Emergency Stand Alone technology that will provide for call completion and access to 911 in emergency situations. New Florence Telephone is capable of managing traffic spikes resulting from emergency situations.

Response to Line 1000
New Florence Telephone Company
Study Area 421927

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) New Florence Telephone Company ("NF") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. NF's current total local end-user rate¹ of \$22.33 (which includes a local fee of \$0.75, mandated state fees of \$0.08 and mandatory extended are service charges of \$0.00) is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."